

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the ☐ Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)

COUNTY OF _____) SS
(County where Affidavit Signed)**Affidavit in Support of Motion
to Modify Child Support
and/or Spousal Maintenance**

My name is _____. I am the

(check one) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under oath the following information:**Reasons Why the Existing Order Should Be Changed:**

1. I request a change in the existing order because of (check all that apply):
 - ☐ Substantially increased or decreased earnings of the party (check one)
 - ☐ Oblige (receiving support/maintenance)
 - ☐ Obligor (paying support/maintenance)
 - ☐ Substantially increased or decreased needs of the (check at least one)
 - ☐ child(ren) ☐ Oblige ☐ Obligor
 - ☐ Receipt of public assistance by the (check one) ☐ Oblige ☐ Obligor
 - ☐ A change in the cost-of-living for (check one) ☐ Oblige ☐ Obligor
 - ☐ Extraordinary medical and/or dental expenses of the child(ren).
 - ☐ A change in the availability of health or dental insurance coverage.
 - ☐ A substantial increase or decrease in existing work-related or education-related child care expenses of the (check one) ☐ Oblige ☐ Obligor
 - ☐ Receipt of social security benefits by the (check all that apply)
 - ☐ Oblige ☐ Obligor ☐ child(ren)
 - ☐ A change in the residence of the child(ren)
 - ☐ Emancipation of a child (name of child): _____.
2. I make the following other comments in support of my request for a change to the

existing support/maintenance order:

Information From Existing Child Support Order: (Answer only those questions that apply)
(Skip this question if motion is for spousal maintenance only)

3. I am the parent of the following children involved in this case *(list only children involved in this case, and for each child check if you are the obligee or obligor)*:

Child's Name	Date of birth	Obligee/Obligor
		<input type="checkbox"/> Obligor <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligor <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligor <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligor <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligor <input type="checkbox"/> Obligor

4. The existing support/maintenance order was issued by the court in _____ County and is dated _____. In that Order, I am the *(check one)* ☐ Obligor *(making payments)* ☐ Obligor *(receiving payments)*
5. At the time the existing order was issued, I was *(check one)*:
☐ Unemployed.
☐ Employed at _____ (company or occupation) and earned \$_____ per ☐ hour ☐ week ☐ month with a monthly net income of \$_____ and had other monthly income totaling \$_____ from _____ (list all sources, such as employment, public assistance, social security, or other source).
6. At the time the existing order was issued, to the best of my knowledge, the other parent was *(check one)*:
☐ Unemployed.
☐ Employed at _____ (company or occupation) and earned \$_____ per ☐ hour ☐ week ☐ month with a monthly net income of \$_____ and had other monthly income totaling \$_____ from _____ (list all sources, such as employment, public assistance, social security, or other source).
7. At the time the existing order was issued, the child(ren) received monthly benefits in the amount of \$ _____ from _____
(list all sources such as social security benefits)

Current Information:

8. I am currently *(check one)* ☐ employed ☐ unemployed *(if employed, answer the*

following):

- a. Employer: _____
- b. Address: _____
- c. Work telephone number: _____
- d. Occupation: _____
- e. Length of employment: _____
- f. Supervisor: _____
- g. Gross Pay: \$ _____ Net Pay: \$ _____
- h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
- i. Number of withholding exemptions: _____
- j. Previously employed by _____
for _____ years prior to the above employment.
- k. Cost of monthly medical insurance for self: \$ _____
- l. Cost of monthly medical insurance for dependents: \$ _____
- m. Cost of monthly dental insurance for self: \$ _____
- n. Cost of monthly dental insurance for dependents: \$ _____
- o. If insurance coverage is in place, list the names of who the insurance covers: _____

9. To the best of my knowledge, the other parent is currently:

(check one) ☐ employed ☐ unemployed (if employed, answer the following):

- a. Employer: _____
- b. Address: _____
- c. Work telephone number: _____
- d. Occupation: _____
- e. Length of employment: _____
- f. Supervisor: _____
- g. Gross Pay: \$ _____ Net Pay: \$ _____
- h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
- i. Number of withholding exemptions: _____
- j. Previously employed by _____
for _____ years prior to the above employment.
- k. Cost of monthly medical insurance for self: \$ _____
- l. Cost of monthly medical insurance for dependents: \$ _____
- m. Cost of monthly dental insurance for self: \$ _____
- n. Cost of monthly dental insurance for dependents: \$ _____
- o. If insurance coverage is in place, list the names of who the insurance covers: _____

10. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):

Source: _____ \$ _____ month
Source: _____ \$ _____ month
Source: _____ \$ _____ month

11. The value of the property I currently own by myself or with someone else is:

Home \$ _____

Household goods \$ _____
 Purchase price of my home \$ _____
 Balanced owed on my home \$ _____
 Other real estate \$ _____
 Checking/savings \$ _____
 Automobiles \$ _____ (year and make) _____
 Recreational vehicles \$ _____ (year and make) _____
 Personal property \$ _____
 Stocks/bonds/etc. \$ _____

12. I am currently (*check all that apply*):
☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single
 If married or living with a companion:
 a. Present spouse's name or companion's name: _____
 b. Present spouse's or companion's net monthly income: \$ _____
 (Note: Question 12(b) only needs to be answered by an obligor who has a duty to support subsequent children) (See Minn. Stat. § 518.551, subd. 5f(1)(i))

13. The following child(ren) live in my home or I have a legal duty to support, but are not part of the current support order or this motion:

Child's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____
Car	\$ _____
Life	\$ _____
e. Utilities: (Average Monthly Amount)	
Gas	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water and garbage	\$ _____
Cable TV	\$ _____
f. Food	\$ _____

g.	Clothing	\$	_____
h.	Laundry/dry cleaning	\$	_____
i.	Personal allowances and incidentals	\$	_____
j.	Magazine and newspapers	\$	_____
k.	Uninsured dental expenses	\$	_____
l.	Uninsured medical expenses	\$	_____
m.	Child care expenses	\$	_____
n.	Transportation expenses:		
	Car payment	\$	_____
	License	\$	_____
	Gasoline	\$	_____
	Repairs	\$	_____
o.	Recreation/Entertainment	\$	_____
p.	Child(ren)'s needs (sports/school/hobbies)	\$	_____
q.	Allowances	\$	_____
r.	Other (list) _____	\$	_____
s.	Charge accounts and loans (list):		
	Name of Account	Balance Owed	
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____

TOTAL MONTHLY EXPENSES: \$ _____ \$ _____

15. The following people help me pay my current monthly expenses listed in question 14:
- ☐ Spouse
 ☐ Roommate(s)
 ☐ Relatives
 ☐ No One

The information contained in this Affidavit is true and correct to the best of my knowledge.

Dated: _____

Signature (Sign only in presence of Notary or Court Deputy)

Print Name: _____

Sworn / affirmed before me this
_____ day of _____, _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Notary Public/ Deputy Court Administrator